

Sign Out Edit View Format Chat/Help

ICANotes
Behavioral Health EHR

Continue

Photo

Chart Details

Rodriguez
Patient

Demographics

Go to E-Prescribe

Anaphylactic Reaction Reported ☐

Patient Information		Insurance Information	
*Name (F,M,L,Suffix)	Melissa Rodriguez	*Date of Birth	12/20/1980
<input checked="" type="checkbox"/> Homeless	Address 42 Coleman Dr.	Unique Patient ID	1000010723120
<input type="checkbox"/> Bad Address	Addr 2 / Appt #	*Gender	woman
<input type="checkbox"/> Sample	City, State, Zip Silver City	Refer to patient as	Ms. Rodriguez
<input type="checkbox"/> Chart	County Grant	SSN #	569-65-7205
Best Phone	Home Phone	Country	US
<input type="radio"/> Home	Cell Phone	Other Names	
<input type="radio"/> Work	Work Phone	Previous Address	
<input type="radio"/> Cell	Email Mrodriguez7599@gmail.com	Alt. Patient ID	
Patient Status		Patient's Condition	
<input checked="" type="radio"/> Active		Date Of Current Illness Onset	
<input type="radio"/> Inactive		Date of Current Admission: From	
<input type="radio"/> Pending		Dates Unable To Work: From	
API <input type="checkbox"/>		Condition Related To Employment? <input type="radio"/>	
Appt Reminders via: <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Message		Condition Related To Auto Accident? <input type="radio"/>	
Employment Status		Condition Related To Other Accident? <input type="radio"/>	
School or Employer		In treatment Previously? <input type="radio"/> Y <input type="radio"/> N If yes, whe	
Grade		Date Of Death Preliminary Car	
Marital Status		Release of Info	
Sexual Orientation		Patient Calendar Note	
*Ethnicity Hispanic or Latino		Miscella	
Ethnicity 2			
Religion			
Annual Household Income			
Family Size			
Veteran <input type="radio"/> Y <input type="radio"/> N			
*Race White			
Race 2			
*Preferred Language			
Disability			
Native American <input type="radio"/> Y <input type="radio"/> N Tribal Affiliation			
Assigned Providers		Where Seen	
are allowed to sign Notes for this Patient		Med Rec	
Karissa Andazola, CSW Role X Principal		Prime SPIN Supporting	
< Select a Clinician >		Add New Location	
< Multiple Clinicians >			
Assign Provider(s)			

Red fields are required Blue fields are optional but add info to clinical note.
* = Required for Meaningful Use ✓ = Patient Has Accessed Portal

Show Fields used by elec